

## LUTHERAN YOUTH ORGANIZATION 2017 WINTER GATHERING REGISTRATION FORM

Name: \_\_\_\_\_  Male  Female  
Address: \_\_\_\_\_  Youth  Adult  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Grade: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Congregation: \_\_\_\_\_ Congregation City: \_\_\_\_\_

I have enclosed the mandatory deposit fee of \$35 and will send the remaining balance. (Checks should be made payable to NEOS LYO.) PLEASE DO NOT SEND CASH!

I have enclosed \$10 for the 2017 Winter Gathering t-shirt (*t-shirt is optional*). Pre order (and paid) only before Dec. 1st. **Size (check one):** S  M  L  XL  XXL  XXXL

I have enclosed a check for the entire cost for the weekend.

### PLEASE READ AND SIGN FOR PARTICIPANTS:

By registering for this event I promise to act in a way that will make it a meaningful time for others and me. I will abide by my group's covenant, involve myself in the program offerings, respect the person and property of others, abstain from the use of illegal substances and cigarettes, and observe the rules of the event.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

### FOR PARENTS AND GUARDIANS:

The above registered youth has my permission to attend and participate in the January 6-8 2017, NEOS LYO WINTER GATHERING at the HOLIDAY INN (6001 Rockside Road Independence, OH)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

### EMERGENCY MEDICAL RELEASE FOR TREATMENT OF A MINOR UNDER 18 YRS:

I request and authorize medical personnel, agents and employees to provide all reasonable necessary medical care advisable for the health of my child.

Signature (*parent or guardian*): \_\_\_\_\_ Date: \_\_\_\_\_

Insurance Company and policy number: \_\_\_\_\_

Known allergies: \_\_\_\_\_

### PHOTO RELEASE:

I hereby give the NEOS LYO permission to take photographs of me or photographs in which I may be involved with others for the purpose of promoting the NEOS LYO Winter Gathering and LYO. I hereby release and discharge the NEOS LYO, and the project's sponsor, from any and all claims arising out of the use of the photos.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Signature (*of guardian if under 18, witness if over 18*): \_\_\_\_\_

Please send registration forms and payment (*non-refundable deposit fee*), postmarked by December 1, 2016 to:

**Mary Ann Sima  
32165 Burlwood Drive  
Solon, OH 44139**

If there are any questions, please contact Natalie Zielinski at [Nataliealaina98@gmail.com](mailto:Nataliealaina98@gmail.com) / 440-334-8711